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THE MASSACHUSETTS LEGISLATIVE COMMITTEE ON INSANITY
AND THE PLAN OF THE NEW JERSEY HOSPITAL.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the 2d number of the present volume of this Journal will be found an article, relative to the action of a Joint Committee of the Legislature of Massachusetts, on the subject of insanity in that State, in which your correspondent expresses views, entirely in opposition to those advanced by the Committee, and in a form that cannot but attract attention, proceeding, as they evidently do, from the pen of one who has devoted no small amount of time and study to subjects of this nature.

With the sentiments contained in the first six pages of the remarks of your correspondent, and which have reference to the number of insane in the State, the necessity for further provision for their accommodation, &c., we have no disposition to interfere, though it is obvious that his views on these points are not universally adopted. Nor would we ask the use of your pages, for any remarks on the concluding portion of his essay, did we not believe that the conclusions there adopted, in reference to the New Jersey Hospital (the plan of which has been unanimously recommended by the Legislative Committee), are not justified by the facts of the case, and which we certainly believe are very far from being the sentiments of anything like a majority of those who now have charge of the institutions for the insane in this country.

In any discussion upon the plan of the New Jersey Hospital, it must be borne in mind that it is a State institution, and is intended to accommodate not less than 200 patients. A smaller institution, or one intended for a different class of patients, would of course require a modification of that plan, in many important particulars. Although, as far as we can learn, no one has ever thought of claiming perfection for the New Jersey plan, still, where best known and understood, it is not considered so very defective, or so much behind the age, as your correspondent would seem to intimate, but that those who have had anything to do with it are quite willing openly to assume all the responsibility which rightfully belongs to them. It seems to us a matter of little moment where the plan originated, and it is only to exculpate innocent parties, if there is anything radically vicious in it, that we refer to this part of the subject at all.

In the first place, then, the plan sketched by the late Dr. Lee, in

1836, had nothing to do with that under notice, as it had never been seen by the party who suggested that adopted in New Jersey, nor by the architect; and the philanthropic Miss Dix—the results of whose labors are now seen in so many States of the Union—certainly is in no way responsible for any part of it; although, if it is deemed of any importance, we may state the fact, that when the plan, after its adoption by the Commissioners, was shown her, it met her entire approbation, and has since that time been repeatedly recommended by her to the attention of those making inquiries on the subject. The fact that Dr. Lee had previously recommended one somewhat similar, only goes to show that practical men, without any communication with each other, often arrive at the same conclusions.

The history of that plan, so far as New Jersey is concerned, is simply this. The Commissioners appointed to erect the hospital, as is usual, visited a number of the best institutions in the United States, and consulted with those entrusted with their management, as to the requirements for such an establishment; and after mature deliberation, unanimously adopted the sketch sent them by the Physician of the Pennsylvania Hospital for the Insane. An architect was subsequently appointed, and this sketch, with a specification of details, was placed in his hands, and from them he prepared the drawings from which the building was put up, and which although embracing most of the main features of the plan, was in a few respects materially modified in the details, and it is in reference to these that the gentleman who gave the original sketch is unwilling to assume any responsibility. It may also be stated, that motives of economy led to some other modifications which were not considered by him as improvements. The credit of the exterior, so effectively worked out, is entirely due to the architect.

These facts, or most of them, might have been known to your correspondent, as they are distinctly stated on the minutes of the Commissioners and in their published reports, and were reiterated, and the responsibility of the plan assumed, in an article on the construction and management of hospitals for the insane, published in the *American Journal of the Medical Sciences* for January, 1845; so that it is scarcely fair to say, that no one is willing to take a proper share of responsibility in regard to its paternity.

This plan was not claimed as in any way original—it was intended to embrace the good features of several, and was only recommended because it was believed that it would give the State, at a moderate cost, a hospital having many good points, and clear of many of the defects of existing institutions.

We were not a little surprised to hear, from such a source, such criticisms on the style of architecture adopted at Trenton, and intimations of extravagance in this respect. Now, although “a rose, by any other name, will smell as sweet,” still a very different impression may be made by the language used in describing a building; and to those who have never visited the institution, “immense stucco pillars, heavy dome, Italian campaniles, projecting Tuscan roof,” “better fitted for the capitol of a great State, than for the home of the pauper insane,” may give a

very different impression from saying, as the architect has said emphatically, that "it is in the simplest style of architecture," that a projecting roof protects the building, that a plain and cheap dome makes a convenient room for the water tanks, and that some brick columns, rough cast, form a part of the portico, which was intended to make the entrance.

It was felt, too, by all concerned, that such a structure should have certain features to mark it as being something more than an immense factory—an appearance occasionally observed in such buildings, and which the good taste of your correspondent would lead him to condemn in the strongest terms. It is believed that no more has been done in the way of ornamental work, than was necessary to effect this object, and to prevent this noble charity from being externally a State deformity, made more conspicuous by the beautiful site selected for it. It may also be remarked, that it is not alone for "the pauper insane" that it has been built—it is for the relief of all the citizens of the State when thus afflicted, that it has been prepared.

The fact that this large building, more than 500 feet in front, three stories high, "stucco pillars, dome, Italian campaniles, Tuscan roof," and all, has been put up for \$80,000, proves conclusively that little purely ornamental has been done upon the work. Except the portico, the general style of the New Jersey Hospital is by those in its neighborhood considered so plain and unostentatious, that at first we supposed your correspondent could scarcely be serious in this portion of his remarks.

The cost of the heating apparatus, of the fixtures for lighting by gas, of the very perfect arrangements for cooking and distributing food, for conveying messages to and from different parts of the building, of the wash and bath rooms, of the water closets, of the furniture, and fixtures, of the general wash house and drying rooms, &c., in a building like that at Trenton, may either be complete as they are there, or reduced to that low scale which results from the mistaken belief that a small original expenditure is a proof of economy; but with some experience in these matters, we have no hesitation in saying, that all these arrangements, carried out fully to the completeness found at the New Jersey Hospital, although originally involving a large expenditure, will in the end be found truly economical, and much cheaper than those of a less perfect or less permanent character.

In reference to what your correspondent has been pleased to style "grotesque blunders," a few words will probably be sufficient to satisfy the readers of the Journal, that all the blunders, at least, do not belong to the planners or builders of the New Jersey Hospital. For example, it is stated by your correspondent, as a proof of the want of "a governing professional mind," that in the plan published by the Committee of the Massachusetts Legislature, "it will be noticed that the front doors of the mansion are the only places for the ingress or egress of patients or others, cured," &c. Now this arrangement of doors is really the plan, *so far as that story is concerned*, was always intended to be so, and this peculiarity or "omission" has never been "cured" nor subjected to treatment for its removal, from the simple fact, distinctly

shown, too, on the plan, and in the report of the Commissioners, that it represents the "principal story" which is of course near 12 feet from the earth, having a basement story, entirely above ground, under the whole of it, and through which patients and others are expected to pass, and in which will be found their doors of ingress and egress! The doors in the mansion referred to, are solely for those who have business in that part of the centre building. The "other *equally* grotesque blunders" not being specified by your correspondent, we may be excused for inferring them to be of a somewhat similar character.

As respects the central corridor, so much objected to by your correspondent, we may be allowed to remark, that there is a diversity of opinion among individuals of equal experience. Our own view, which we believe will be found to be the prevalent one, is that in State institutions, containing 200 or more patients, they are unobjectionable, provided, as at Trenton, there are large and comfortable parlors (not two small bedrooms thrown together) and dining rooms in connection with all the wards, and both extremities of every ward finished in their whole extent by moveable glazed sashes, or where coming in contact with the central building by ample open spaces, fitted up in the same way, so as to admit an abundance of light and air. Where no parlors are provided, or where the ends of the corridors are obstructed, as at the Butler Hospital, a single range of rooms is desirable, if not indispensable. It must not be supposed, however, that this single range of rooms is a novelty just introduced to us from Great Britain, for it has been in constant use in a well-known institution of our own country for more than thirty years. The Friends' Asylum at Frankford, Pa., which is built in this manner, and has been as much visited and talked and written of as any other, was opened in 1817, and if that plan possessed such extreme advantages, or was the only one comporting with the advanced state of knowledge of the age, it is not a little remarkable, that of the 24 institutions which have been opened since the Friends' Asylum, or are now being put up, so far as we know it has been followed but in a single instance. In a small institution this plan is always admissible, but the extreme length required for a building for two, three or four hundred patients, and the large additional expense that must necessarily be incurred, we consider sufficient to forbid the adoption of that plan for large State institutions.

It is a mistake to suppose that because there is a basement (above ground) at Trenton, on that account "every person about the establishment is obliged daily to clamber up the unnecessary steps." One of the wards is on the basement level, so will be the wards for the worst patients; and in all the wards, so complete are the arrangements, that it is rare that either patients or attendants will have to leave them, except when going out to work, walk or ride.

The position of the kitchen, in the New Jersey Hospital, is on many accounts very desirable, and we have not found it liable to the objections mentioned by your correspondent; but if preferred, it may be placed in the rear. The wash-room for clothing at Trenton is not in the building at all, but in a detached structure, as we think it always should be.

The basement story gives great facilities for having workshops, at all times accessible to patients.

We have yet to learn why the violent and noisy patients, placed at the extreme end of the second range of wings, extended as at Trenton, are further from the central offices or more difficult of inspection than if the second range was placed at right angles to the first. The distance travelled should of course be understood to be under the roof of the building; for crossing open yards for this purpose, or for taking patients to the chapel, especially at night or in inclement weather, we should consider entirely inadmissible. We have found no disadvantage in the patients of the two upper wards, mingling as far as they do in simply passing to and from the chapel, in which, of course, let them come by what route they may, they are seated together. Such extreme strictness of classification we consider neither important nor desirable.

In regard to the central inspection room, so highly lauded by your correspondent, and from which the attendants are to watch their wards, we have no hesitation in saying that we should object to them in any position, when they must of necessity obstruct the free passage of air, and thus create the necessity for the single range of rooms, with which they have been connected. For devoted as we are to a forced ventilation for all hospitals, we think it folly to refuse to derive all the advantage we can from a natural ventilation. We have always supposed that during the day it was the business of the attendants to be in the wards among the patients, and not in their rooms—certainly both attendants should never be absent at the same time, and at night the watching should be entrusted to other persons. Those attendants who during the day perform their arduous and responsible duties among the patients, faithfully, have need of undisturbed rest at night, and have a right to expect it. The simple care of an adjoining dormitory may not be objectionable; but if the watching of a ward, even in the day time, is entrusted to an attendant in his room, we feel very sure it will not be long before it will cease to be watched at all.

The New Jersey plan admits of the arrangement of all the court yards that are required, without their being overlooked to an extent that will prove injurious to any of the patients.

Your correspondent states that there is no forced ventilation at Trenton. Our impression has been different; and if there is not a forced ventilation there, it can only be because those who control the institution do not choose to have it. The flues are all there, ample in number and size; the large upright shafts, properly located and built expressly for the purpose, are there, and the whole system can at any time be put in operation. The horizontal flues are not "inordinately long," certainly not longer than they would be with the wings at right angles to each other. The mode of ventilation is thus described by the architect in the published account of the building. "A large flue or air-trunk is constructed at each end of the corridors, with partitions, so that each corridor will have an ascending or descending current, as the season or state of the atmosphere may demand. These air-trunks will terminate below in an air-drain, which will again terminate at the necessary fire-

places of the establishment, or at points distant from those places, at fires provided for the purpose of burning the impure air. Above, the air-trunks will terminate in a shaft or chamber, which forms an ornamental erection over the roofs of the pavilions centre and extreme, and the impure air will be burned off at these points if further forced action is necessary. Flues of ventilation from every room are connected with the main trunks; the regulation of the supply of fresh warm air, and the valves for ventilation, are so proportioned that currents of air will be entirely avoided. It will be in the power of the managers to cool the air, in the chambers, and distribute it over the house in summer." We concur heartily in all your correspondent says about the importance of forced ventilation for hospitals, and if it is not found at Trenton, it certainly ought to be, and in great perfection.

In the New Jersey plan, the lodge buildings may be arranged so as to be as easy of inspection and of access, as in any other. No one can estimate more highly than we do, the importance of constant supervision of the best kind for this class of patients.

We were not a little surprised to find your correspondent "boldly hazarding the opinion, that it [the New Jersey plan] will never again be fixed in bricks and mortar"! That prediction, so fearlessly made, is already in process of being falsified, for the Pennsylvania State Hospital at Harrisburg is actually being put up on the same general plan, the main features of which, we learn from an intelligent friend, who has visited them, are also about to be carried out in the hospitals of Indiana and Illinois.

Although facetiously styled, by your correspondent, "a thing of shreds and patches," we have little doubt but that at the end of ten years our reputation as a prophet will be as good as his, if we express our firm belief, that within that period, the plan under notice will be copied more frequently in the United States than that of any other institution which has, up to the present time, been built anywhere.

Should the plan of the New Jersey Hospital be adopted, as recommended by the Massachusetts Legislative Committee, it will of course be deemed within the proper line of duty of a building committee, to make such internal alterations as experience has shown to be desirable. The occupation of such a building, or of any building, rarely fails to suggest some improvement not before thought of. As far as the first year's use of the New Jersey Hospital goes, we believe we are fully authorized to say, that its estimable Physician, who has had considerable experience in other well-conducted establishments, and who has recently visited most of the best in this country and in Europe, although in no way responsible for the plan, still believes that under notice one of the best anywhere to be found; and if required to put up a building for a similar purpose, would not change materially, if at all, the essential features of that at Trenton, and which are so little esteemed by your correspondent.

Your correspondent has detailed what he deems the objections to the New Jersey Hospital, some of which we have attempted to remove or explain. May we be allowed to state some of the advantages we believe it possesses? Among them are the following:—

As a whole, it presents a respectable architectural appearance, while little has been expended on what is purely ornamental.

The cost of construction is as little as could be expected for any building of equal capacity.

It has only two stories above the basement, except in the centre and pavilions, and the basement is above ground.

The officers and others employed have comfortable private apartments.

With the lodges, the classification will be complete for at least seven classes of each sex.

Its wards are all of moderate size, are open and cheerful at both extremities—all the rooms are pleasant, and it is clear of the many objections to wings at right angles to each other.

Nearly every ward has a separate parlor and dining room, while all have very perfect arrangements for wash and bath rooms, water closets, clothes rooms, attendants' rooms, modes of communicating with the basement, kitchen, &c.

Comfortable work rooms or school rooms are provided in the building, easily accessible to the patients.

The chapel is approached from every part, without going into the open air, and without any intermingling of patients that is injurious.

The wards for violent and noisy patients will be easily accessible, and as near the centre as is desirable.

The heating of the building is by steam, admirably arranged, and there is provision for an efficient forced ventilation.

Gas, made on the premises at a small expense, is used for lighting every part of the Hospital.

In a new structure, a greater height of ceiling, somewhat larger rooms, and some modifications in the internal arrangements, not numerous, nor changing the character of the plan, might be desirable.

Your correspondent thinks it necessary to declare that "no iota of pique or prejudice" had entered his mind or exercised any influence in causing his criticisms upon the report of the Legislative Committee. Such a disclaimer ought not to be required from any one, and those who indulge such a suspicion must forget how easy and how common it is to find radical differences of opinion, on such questions, between individuals of equal honesty and sincerity—equally anxious to promote the best interests of the insane, in every way, and who, too, have had something at least approaching the same kind and amount of experience. Your correspondent, we feel quite sure, will appreciate our motives in attempting to controvert some of his opinions in reference to the New Jersey Hospital, and will rejoice, as much as any one, if good results to the insane from our diversity of views, and from the frank expression of them, in reference to the points we have taken the liberty to bring before the notice of your readers.

March, 1849.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

"Give every man thine ear, but few thy voice;
Take each man's censure; but reserve thy judgment."—*Shakspeare.*

DR. JOHN BELL—CONCLUDED.

THE above advice is practically illustrated in the daily "walk and conversation" of Dr. B. No man in Philadelphia, whose influence approaches his, can be pointed out with less of the *genus irritabile medicorum*. At least, very little of it appears above the surface; and Dr. Bell has few, very few enemies. This is the more strange, inasmuch as his editorial labors, one would suppose, would have forced him into collisions where otherwise he would not be.

For some years he was President of a Phrenological Society, which was very active in the early history of the science. Its collection of skulls, casts and busts, is, we believe, now in the Academy of Natural Sciences. Speaking of phrenology, Dr. B., according to its own rules, must necessarily believe its tenets. It is said that he has one of the largest heads in the city; and that he has amused himself by calling at the various hat stores, to inquire for a hat to fit him; pretending to want one at once. The obliging hatter would try one hat after another, until his stock was exhausted, and the anxious customer would be forced to leave, and try another, with the same success.

Dr. B.'s height is about five feet, seven and a half inches; very *spare*—at least he was formerly, and appeared much like a walking ghost. Since his marriage, however, which occurred about seven years since, he appears much improved. A wrinkled, care-worn face, which when it smiled, appeared like a smile under snow, is now lighted up with a more joyous expression, and his fine teeth, instead of exhibiting almost a ferocious grin when he smiles, adorn a large but benignant mouth, and add much to the expression of his features. An expansive head, with hair becoming gray and somewhat thin, surmounts a neck which in walking is nearly erect and steady. His limbs move like machinery, and his eyes are kept straight before him. With a white cravat, Dr. B. might be taken for a sedate clergyman. His mode of salutation is by a gentle nod of the head; while his deep gray eyes are but slightly influenced by a scarcely perceptible contraction of the corners of his mouth. His dress is always plain, but neat, and does not particularly attract the attention of the beholder. He does not appear to think that it is absolutely necessary that a doctor wear black cloth.

Early in life Dr. B. went on a voyage to the East Indies, and visited various parts of Europe, and has many warm friends now abroad, whose acquaintance was made while in foreign countries. This practice, by the bye, of young men taking charge of an East Indiaman, and going on a three years' voyage, seems to be out of fashion. Formerly it was a very common practice—and many of our distinguished men refer with pleasure and profit to the vicissitudes and instruction accompanying these voyages.

Dr. B. is a member of the American Philosophical Society, the Col-

lege of Physicians, Medical Faculty, and a host of other medical and scientific associations both in this country and abroad. He is a very good linguist, particularly is he well versed in the modern European languages. As a writer, we have heard good judges complain of his style as being verbose and desultory. Yet the following passage, which occurs in a critique of his, on the life of Dr. Goldsmith, appears to us to be terse and to the point. "The inference from this, which we would impress on a youth yet undecided as to his future career, is, to go through regularly, systematically, perseveringly, if not enthusiastically, the course of studies which he has once begun. No possible circumstance in after life can justify a boy's neglecting the attainment of elementary learning; nor ought any apology be received from parent, guardian or teacher, who, yielding to the wilfulness or dazzled by the precocity of the boy, fails to keep him on the beaten track, and to prepare him to act the part, with advantage, of the collegian first, and the useful man of the world afterwards." It must be recollected that Milton wrote in long periods, even to the extent of pages, in his prose writings; yet no one doubts his vigor and terseness.

But we must close—by adding only one more remark, and that is, that Dr. Bell is now just in the prime of life, we suppose not more than 48 or at most 50 years of age, and capable of filling the highest chair in the practice of medicine, institutes of medicine, or *materia medica*, in the United States. And we hope soon to see him, by his modest but acknowledged worth, placed in a position to teach his profession *ex cathedra*.

CATO.

DEATH FROM CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—An erroneous notice of the following case having appeared in some of the newspapers, I am induced to send it to you for publication. I think it is not without interest to the profession, while the investigation is still in progress as to the utility and safety of the anæsthetic agents now so generally employed.

Yours, &c.

Boston, March 17, 1849.

JOHN JEFFRIES.

March 7, 1849, I was called at about 7 o'clock, A. M., to visit Abby Pennock, said to be 17 years of age, a domestic in a family of high respectability, residing in Mount Vernon street. I found her dead under the following circumstances. The body was lying on a feather bed, on the left side, with the head bent forwards to the edge of the pillow; the arms crossed; the right hand, containing a linen handkerchief crushed into a small compass, was pressed with such force upon the upper lip and nose as to produce considerable distortion. The left forearm crossed the right, as if to aid the pressure upon the mouth; the knees were drawn high up in the bed; the eyes were open, and the pupils dilated; her night cap was tied very tightly under the chin; the bed-clothes were drawn over the head; the face, especially at the lower

part, the throat, chest and arms, were quite livid ; the body was warm, and exceedingly rigid, so much so, that in forcing the hand from the mouth the whole body was turned over ; the handkerchief which she held had a faint smell of chloroform. From the impression on the soft bed it appeared that she had not moved from the position assumed on first lying down. No phial containing chloroform or any drug could be found about the room ; but there was lying on the table a piece of paper having the appearance of having been recently used as an envelope for a phial. Having determined to make a more full examination of the body in the afternoon, it was left nearly as found.

At 4 o'clock, P. M., the autopsy was made, being conducted by Dr. J. B. S. Jackson, with the following results. The lividity and rigidity had decreased since the morning. A little bloody froth was noticed at the mouth. On removing the body from the bed, a two-ounce phial was found under the body, containing chloroform, from which (as was subsequently ascertained) three drachms of the fluid had been taken. This circumstance, in connection with the other appearances, showed the cause of death to have been the influence of chloroform. It remained therefore, to investigate what were the effects upon the various parts of the body.

The muscles appeared to be in a healthy condition. The left lung was livid and much congested throughout, but most so on the dependent part. The lower lobe and the posterior portion of the upper, upon the right side, presented the same dark purple color as the left, but the middle lobe and anterior portion of the upper were of a bright scarlet color externally and throughout their substance. This last portion was not congested. The bronchi contained some frothy fluid. At the rima glottidis there was a thickening on each side, with an excoriated surface for about three or four lines. Something of the same kind was noticed in the fauces near to the glottis. The thymus gland was large, its cavity containing a puriform fluid as usual in children. The heart appeared to be unusually empty and was flaccid—the ventricles having lost their convexity, and having fallen into a somewhat concave form. The heart contained a little blood. The blood was everywhere perfectly liquid, with the exception of one very small coagulum in the right side.

The stomach, which contained about ten or twelve ounces, mostly of fluid, with some solid contents, in a state of partial digestion, appeared healthy, except two small patches of congested vessels near the lesser curvature. There was no odor nor appearance to indicate the presence of any drug in the stomach. The small intestines at the upper part, were healthy, having their lacteals crowded with chyle. At the lower part the small intestines were in a state of decomposition, being brown or green in parts, and most offensively fetid. Nothing attracted attention in the large intestines, which were somewhat offensive, except a deviation in anatomical structure, of occasional occurrence, in that the caput coli was less bound by several inches to the right ileum than is usually the case. The spleen was larger than common, perhaps slightly congested, and a little darker than usual. When incised it appeared somewhat granular. The liver was healthy, and the gall-bladder nearly

empty. The kidneys were healthy—that of the left side, being the lower one, was a shade darker than the right. Bladder healthy.

The brain and its membranes were perfectly normal. There was no congestion of vessels, no change of color or consistence of the substance of the organ.

Some appearances of other organs, which could not arise from the influence of chloroform, are purposely omitted.

It was afterwards ascertained that this person was in the habit of inhaling ether or chloroform for the purpose of producing intoxication; that she had done so on the evening of the 6th, and that she procured that which was found in her bed, on the same evening. She had eaten supper about 6 o'clock, and retired about 9 o'clock. At half past 9 she was noticed to be in the same position as found in the morning, and did not answer a question put to her by another female occupying the same room, and was supposed to be asleep.

From this narrative it appears to be conclusive that she died from the use of chloroform, the particular effects of which were seen in the congestion of the lungs, and the peculiar oxygenation in a part of them—in the emptiness of the heart, and in the fluidity of the blood. And it is a point of interest that the brain was so free from congestion or other abnormal appearances, especially when considering the stricture made about the throat by the string of her cap. The quantity used was less than is used by surgeons and physicians in daily practice. Hence it would appear that the inhalation of chloroform is more dangerous than it is supposed to be by many. Ought not the vending of this and like agents to be prohibited, as in the case of poisonous drugs, except to the order of a responsible person? And should not its use be discountenanced except under the supervision of a physician? It would seem, also, that she did not take the chloroform with a suicidal intention, but in order to drown her consciousness; but, like some other inebriates, she ventured too near the grave to prevent becoming herself its victim.

ELATERIUM IN ACUTE HYDROCEPHALUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The peculiar virtues of elaterium as a hydragogue cathartic, would seem to indicate its adaptation in the treatment of local as well as general dropsy. I have been much pleased with this remedy in cases of effusion resulting from pleuritis. In the case of one patient, a strong man, effusion had followed an attack of pleurisy, sufficient to fill the right cavity of the thorax to the top of the fourth rib when standing, as indicated by percussion. The respiration was much hurried when at rest; and the slightest exertion, such as walking, brought on violent dyspnoea.

The patient was directed to take of elaterium, gr. ss., every two hours till it should operate. After the second dose, according to his report—"he vomited more water than he had swallowed in the previous two days; and also had several watery discharges from the bowels. Immediate relief of the dyspnoea followed." On examination of the chest

by percussion, the sounds elicited were nearly alike and normal on both sides. Its action, therefore, in such cases renders it a valuable remedy, as it removes the water in a few hours, while some modes of treatment would require days.

It is well known, however, that, in cases like the above, there is not necessarily great danger. Water in the cavities of the chest resulting from acute inflammation may be removed by other remedies, or, at any rate, in time by the "powers of nature."

But the result is far different when effusion follows inflammation of the *brain*. And it is in this disease that the remedy under consideration deserves a trial. My attention has been directed to its use in a case recently. The patient, a girl 4 years old, had a severe attack of inflammation of the brain, attended for the first two days with slight symptoms of scarlatina. Leeches were applied several times, which with the other usual remedies afforded temporary relief merely. The disease run rapidly through the several stages, and on the eleventh day seemed about to terminate fatally. The usual symptoms of effusion were fully developed; such as complete unconsciousness, the eyes drawn to one side, the pupils constantly dilated, paralysis of one arm and leg. *Elaterium* was directed to be given in one-twentieth-grain doses till it should operate. After the third dose was taken, according to the report of the nurse, "she vomited at least half a pint of water, and had several watery discharges from the bowels." She appeared very much relieved. The medicine was continued in small doses. Soon the powers of life began to rally. Consciousness returned. It was several days, however, before she was able to speak. There was slight paralysis of one arm and leg for several weeks after convalescence. But she continued to improve gradually, and at the end of ten weeks was restored.

Now there are several points of interest in the above case. And in the first place, was there really an effusion of water within the cranium? In regard to this question, it may be said, that all the usual symptoms of effusion, which can be ascertained before death, were present. In the second place, how was the water removed? It is true that a considerable quantity of water was discharged. And it is proper here to state that the patient had not been able to swallow two ounces of water in the previous twenty-four hours—on account of apparent paralysis of the muscles of deglutition.

We have all witnessed the peculiar action of *elaterium* in producing watery discharges. Is it not philosophical to conclude, that by this action water is drawn into the intestinal canal from every part of the body? And if there is an unusual quantity deposited in the brain, when subjected to its potent power, why should not that organ yield up its extraneous contents? Is there such a change in the brain after inflammation and effusion as to render it incompatible with a continuance of its functions, provided the water can be speedily removed?

When we consider the frequency and fatality of effusion resulting from inflammation of the brain, especially among the young, it seems to me to be a subject of great practical interest, and worthy of the most earnest investigation, whether there is a remedy on which we may, with

any good degree of confidence, depend, in the last stage of this disease. I have written these thoughts and suggestions with a desire for information, and, if you see fit, for publication in your Journal.

Somerville, March 15, 1849.

Yours, &c.

J. E. BARTLETT.

MEDICAL PRACTICE AT THE WEST.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In my last letter I endeavored to give some insight into the ways and means of doing medical business in the West, and especially the free use of quinine in malarious diseases was dwelt upon at some length, and an attempt was made to explain some of the grounds on which the prejudices against this article were based. Amongst the reasons which were there given for these prejudices, which exist with the people at large, I did not mention the clamor which quacks have raised for their own selfish interests. While we are willing to give some of them all due credit for their ignorance in believing what they solemnly tell their patients, that quinine is a most "*poisonous mineral*," that it is arsenic, in fact, in its worst form, and that it will get into their bones and stay there during their natural lives (which, by the way, will be short), and will account satisfactorily for all the subsequent bad symptoms which ever present themselves; there are others, who with less ignorance, yet more dishonesty, declaim most vehemently against it, but at the same time ply the patient with it in disguise, and use it as indiscreetly as though it were some mild remedy incapable of doing either harm or good. I cannot but think that some very respectable physicians are in error on one special point in connection with the use of this drug. It is a common thing for regular physicians, in answer to the question, supposing you meet with a case of inflammatory disease (phrenitis, for example), and mistaking it for an attack of remittent fever, administer 60 grains of quinine, what would be the effect? to say that no kind of harm will follow—that in truth it is a proper prescription, because the malarious influence would be met by the medicine, which destroys what agency it has in the aggravation of the case; for these men will give (and that very properly, too) quinine in combination with other remedies in a great variety of inflammatory affections of the viscera. In some of these diseases, there is no doubt that the safety of the patient requires its exhibition; but it should be done, in my opinion, with some caution. This doctrine, of a medicine as efficient as the sulphate of quinine, doing neither harm nor good, is in my judgment contrary to all analogical reasoning—contrary to common sense and to common observation. Granting, for a moment, that the doctrine is true that the medicine does no harm when given under a false diagnosis—as, for instance, in phrenitis—does it do no harm in an alarmingly severe disease to rely on an inefficient medicine? Where will your patient be in seven or fourteen days, in phrenitis, with nothing but the quinine given as a remedy? But they may answer, that if the medicine did not allay the fever in 24

or 48 hours, then they might begin to question the accuracy of their diagnosis, and, right about face with their treatment, prescribe the proper articles. But this would be about as dangerous an experiment as that of the hunter who entered the cave in search of rabbits, and found himself in a nest of panthers. Or like the boy who climbs to the top of a dry tree to get at a nest of woodpeckers, and finds, on thrusting his arm into the hole, a serpent instead of the harmless birds. But there is no truth in the doctrine of its harmless character under any and all circumstances. Many well-authenticated cases are on record, where very severe symptoms were induced, and even death itself, by an inordinate dose. A large dose of from 20 to 60 grains taken in health, will in a majority of instances produce decided physiological phenomena. That it will produce a fit of intermittent fever, when thus taken, I have most serious doubts. No, not doubts, I know that it will not, for I have tried the experiment repeatedly on my own person and that of others, too often to be deceived. Its effects are not by any means uniform in like doses and in apparently like circumstances. One person, on taking 20 grains, experiences no appreciable difference in feeling, either in mind or body. Another will have a feeling of pressure on the head, ringing, buzzing noises in the ears, a sense of heat and thirst, an exhilarating feeling, as after taking wine, opium or coffee. This effect will generally be uniform in the individual when in health. A larger dose, as 60 to 80 grains, will produce, in the one who is insensible to a small dose, but little or no effect; while the other will be most seriously influenced, and perhaps life would be endangered. Widely as the operation differs in health, in disease the variation is still more striking. Aside from temperament, idiosyncrasy, habit, and all the other circumstances which may attend the disease, the *modus operandi* will vary greatly. In pure malarious fevers, uncomplicated with local inflammation, its judicious employment is safe and salutary in the highest degree, and even in some of the inflammatory disorders of malarious districts the testimony of a host of discriminating practitioners is given in its favor. But in cases attended with gastro-enteritis, meningitis, or when a strong determination of blood to the brain is present, its employment should be carefully avoided. This is not supposition; I have noted it in practice, and have had confirmation of it in the experience of others. In typhus or the typhoid fevers of malarious regions, its use is indispensably necessary to the safety of the patient, and will often cut short the disease. The same fevers in non-malarious districts are aggravated by it, and often, I am convinced, it has no small share in hurrying on a fatal termination. This depends most probably on the pathology of the disease being dissimilar. The New England States, and also New York, and the hilly and mountainous regions of Pennsylvania, are affected occasionally with fevers of a simple continued, typhoid, or typhus type; and in some seasons the mortality is very great, out of all manner of proportion to that of malarious countries. Now the practice is as different in the two regions as is the true pathology. In the West, the physician may in reality take to himself more credit—may with more propriety say *I cure* fever, than his eastern brother. A careful, temporizing course must mark the practice

of the eastern man. The western physician lays his hand on a potent agent, and without fear makes a dash at the disease and conquers it. While at the East, his boldness, like that of a prudent and wary general, is best displayed in falling into no ambush; in keeping open a road for a retreat, as well as sending out skilful and prudent advance guards to see the way clear for his march onward. Sins of omission are more commendable in eastern than western practice. I will now give my reasons for this. And these reasons are not given loosely, but have grown out of demonstrative evidence. Having practised in both regions and observed the fevers of both countries, I made a series of experiments with the sulphate of quinine, and carried these experiments as far as prudence and humanity dictated. I arrived at a few of the following results.

That in all simple continued fevers, of the synocha or synochus type, if given in efficient doses, of say from 10 to 20 grains, so far from being beneficial, quinine would aggravate all the symptoms. If given in small doses of from 1 to 5 grains, its effects were inappreciable, or but little increased. The time of administration, also, made some difference as to the effect. If given at the onset, in the same way that we would to break up a malarious fever, its action, I found, was not the same as when given at a later stage. In the early stage it would not appear, as a general thing, to have that pernicious influence which was observed later in the course. This may seem strange, until we look a little closer at the pathology of non-malarious or Eastern fevers, which are generally dependent on local contagion, epidemic diathesis, gastro-intestinal hyperemia, the effects of cold on the system—having a wider range of causes by far than Western diseases, which are generally dependent on that wide-spread poison which we term malaria. Now when a case of fever, of a non-malarious nature, has passed into the second or third stage, most likely there is some local inflammation produced, either by the nature of the case, or the bad treatment of the doctor; and this local complaint is either in the meninges of the brain, or the gastro-intestinal mucous membrane; and here quinine will do decided mischief. I could cite a great many cases of this description. A patient, in the third week of continued fever, has a red dry tongue, low muttering delirium, profuse colliquative sweats, a small weak pulse, and great prostration of strength, with all the other symptoms of a bad case of typhoid fever. This state has altered but very little for a week. Or a patient with the above symptoms may have laid in this condition 30, or even 60, days. You prescribe sulphate of quinine for the first time, perhaps as a tonic—and tonics he certainly requires. One grain an hour is therefore prescribed; or what is more generally the case, from 3 to 5 grains every 4 hours. But instead of a salutary operation as a tonic or a febrifuge, a most striking aggravation of the principal symptoms ensues; and unless you withhold the medicine, death may close the scene. This has been so uniform an effect in my practice, that I have ceased to give sulphate of quinine where any evidence of local inflammation existed, especially of the gastro-intestinal mucous membrane, or of the brain. Nor is it the best kind of tonic, in my opinion, in those cases of fever requiring supporting treatment. It irritates the inflamed surfaces, and locks up the secretions

of the sub-mucous glands, without exhibiting any of those tonic qualities which we require in the latter stages of the low forms of fever.

The physicians of the West, who have had great experience in the exhibition of quinine, and in fever, hold dissimilar views with regard to the question of its tonic qualities. But I believe the majority of them do not consider it as a direct tonic or stimulant; and that is most probably true. A sedative it most certainly is. But there are other qualities which render it invaluable as a febrifuge, far above anything and everything which has been used in the treatment of fever; and however much people will clamor when in health against its imaginary evils, when prostrated by disease they will call on the rejected and slandered friend.

Fertile and exhaustless as is this subject, I will leave it for the present, and add something upon the use of other medicines which have had a name and been used as a substitute in malarious diseases.

Respectfully yours,

A. B. SHIPMAN.

Indiana Med. Coll., Laporte, Jan. 20, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 28, 1849.

Privileges of Medical Students in Ohio.—An important decision was recently made by the Supreme Court of Ohio, with reference to the rights and privileges of medical students and the schools of medicine in that State. Students of the Eclectic Medical Institute sought admission to the Commercial Hospital, in Cincinnati, upon equal terms with those of the Ohio Medical College; but the Judge decided that they could not be so admitted.

Sources and Benefits of Professional Earnestness.—A more vigorous, practical illustration of the characteristics of a proper medical education has not been given, than may be found in a valedictory discourse at the Medical College of Ohio, March 3d, by John P. Harrison, M.D., dean of the faculty. Earnestness develops the man, makes him happy, renders him useful, creates a favorable notice, draws down blessings on the individual, and lastly, according to the energetic author's philosophy, consummates the great purpose of his earthly mission. Next in value to the propositions upon which the arguments in favor of earnestness are based, the truth of which is apparent, is the brevity of the professor's farewell to the class, which is in excellent keeping with the sentiments it inculcates. Long speeches are as much to be dreaded as a self-limited disease; and the public speaker who has the wisdom to be short and to the point, has, in our estimation, an unclouded prospect of future distinction.

Ether and Chloroform—Discovery and Physiological Effects.—A republication of several papers from the pen of Henry J. Bigelow, M.D., which originally appeared in this Journal and in the Transactions of the American Medical Association, has been made in a form convenient for circula-

tion, and desirable to possess, from the circumstance that the series of papers, in their present order, are of importance in perpetuating the early facts, discoveries and experiments in anæsthetic surgery. A reprint, also, of the same gentleman's practical paper on the employment of a new agent in the treatment of strictures of the urethra, may be consulted with marked advantage. Dr. Bigelow evinces a most commendable industry in medical literature, in connection with extensive scientific attainments.

Rock Island Medical School.—Illinois does not intend to be without her quota of medical education machinery, so actively operating in the other States. Although the idea of a school at Rock Island was ridiculed, when first suggested, the people on the Upper Mississippi are not to be laughed out of a favorite project. Affairs are in a satisfactory train for carrying out the design of the projectors. Such is the enthusiasm of the Rock Islanders, that a public meeting was held, and it was recommended, that a subscription should be opened for the purchase of a lot, the erection of buildings, &c., for the new school. About fifty students were matriculated for the first course of lectures, and twenty are candidates for the doctorate! An address by M. L. Knapp, M.D., President and Professor of Materia Medica and Therapeutics, has come from the press, to which we are indebted for the forgoing intelligence. Dr. Knapp is in buoyant spirits, cheered by the expectation of a complete realization of the hopes of all friends to the measure.

Medical Department of the Army.—We have received official notice that a Board consisting of Surgeons Thomas G. Mower, R. C. Wood and I. M. Cuyler, and Assistant Surgeon Thomas Henderson, has been ordered to convene in the city of New York on the 1st of May ensuing, for the purpose of examining Assistant Surgeons for promotion, and such applicants for appointment in the Medical Staff of the Army, as may be invited to present themselves. The Board will continue in session for a month or longer. Candidates being between the ages of 21 and 28 years, should forward their applications to the Secretary of War, accompanied by respectable testimonials of moral character and physical qualifications. There are nine vacancies existing in the medical department in the grade of Assistant Surgeons.

New England Botanico-Medical College.—From the Worcester Botanic Journal, the annexed information is extracted.

"The bill granting a charter to the New England Botanico-Medical College, under the above title, has already been engrossed in both branches of the legislature of this State, and, in a few days, will unquestionably pass to be enacted. The bill, on the whole, is ample in its provisions, and will place the Institution *essentially* on a level with the medical department of the University at Cambridge, and the Berkshire Medical Institution at Pittsfield. The remonstrance of three delegates, appointed by the Counsellors of the Massachusetts Medical Society, it is true, has availed to effect a *slight* modification of the bill; but this interference, so *manifestly illiberal*, will, we are confident, ultimately turn to our advantage, rather than to our injury. It cannot fail to produce with an enlightened public, a sympathy in our favor; and we shall, at length, secure greater privileges, than we should otherwise have ventured to ask."

The profession in Massachusetts, after an uninterrupted effort of forty years to educate men in the best possible manner for the practice of medicine, may now hang their heads in shame and humiliation. If the Legislature, the fountain of law, has no higher perception of what is due to the intelligence of the age, the floodgates might as well at once be opened, and allow every man to do what he chooses, without reference to the opinions or interests of any.

Carotid Aneurism.—Dr. J. M. Green, of Macon, Geo., has had something of a scientific controversy with Dr. P. F. Eve, editor of the Southern Medical and Surgical Journal, in regard to a case of carotid aneurism, and some remarks on the diagnosis of that disease, published in the latter gentleman's Journal. A pamphlet is now abroad, giving a full history of the difficulty. On account of the historical facts brought together, touching the opinions and operations of distinguished surgeons, and the comments and explanatory items of Dr. Green, the whole is worth reading. We should not presume to decide who is right or who is wrong, when two such doctors disagree.

Lowell Bill of Mortality.—As usual, this is a methodically-constructed document. The number of deaths, in 1848, was less than in the preceding year, although smallpox and dysentery prevailed to an unusual extent. The observations of Dr. Brown, the City Physician, at the close, are very judicious and appropriate. He warns the municipal authorities that there are causes at work, which in a long series of years, unless removed, will produce disastrous effects on the public health.

Rush Medical College.—On the 22d of February, degrees were conferred at this institution, located in the city of Chicago, Illinois. A discourse by Dr. Brainard, the professor of surgery, is represented to have been very able in defence of the science of medicine against the hostility and perpetual warfare of ignorant empirics. Eighteen gentlemen received their diplomas and the degree of M.D. Professor Blaney announced that the honorary degree of Doctor of Medicine was conferred on Thomas Hall, of Toulon, Ill., and James H. Buel, of Williamsport, Ind.

Delegates to the American Medical Association.—The following gentlemen were elected delegates from the Rhode Island Medical Society, to the National Medical Association to be held in May, 1849:—

Dr. David King, *President of the Society*; Drs. S. Augustus Arnold and George Capron, *Vice Presidents*; Drs. Usher Parsons, Joseph Mauran, Lewis L. Miller, Theophilus C. Dunn, *Ex-Presidents*; George L. Collins, Sylvanus Clapp, Asa W. Ballou.

At the annual meeting of the Providence Medical Association, March 6th, the following gentlemen were elected as delegates:—Drs. Lewis W. Clifford, Charles W. Parsons, James W. C. Ely.

Medical Miscellany.—There is a man in Vermont having but one leg, and he has three sons all born in the same condition.—Dr. Gregg, of Manchester, N. H., who disappeared last November, and was supposed to

have been killed, has returned, says the Atlas, to the residence of his father.—The Missouri twins, now exhibiting at St. Louis, are the children of Mr. Benjamin Ross, Texas county, Missouri, and were born on the 16th December, 1847. They are connected from the breast bone and abdomen, and measure twenty inches in height, and weigh twenty pounds. Their connection is such that they stand face to face, heads coated over with fine black hair, and in all other respects perfect in form and feature.—A Glasgow paper states it has been proved that nearly every druggist in that city has been selling as genuine, a preparation of opium (laudanum), one of the most valuable medicines in the Pharmacopœia, so much adulterated that to produce a particular effect upon the system, "one hundred drops must be taken instead of twenty-five."—The cholera has assumed a virulent form at Brownville, Texas, sweeping off from 8 to 10 a day, out of a population of only about seven hundred.—One hundred medical students are said to be attending medical lectures at Woodstock, Vt.—Measles is very common in Boston and vicinity, though not attended with such fatality as marked the disease some weeks ago.—Geo. Kellogg, Esq., of Derby, Conn., has compiled a treatise on dislocations of the shoulder, illustrating the benefits of Dr. Jarvis's surgical adjuster.—Dr. Lewis, of Boston, sailed for Liverpool on Wednesday last. A dinner was given him by his pupils, at the Revere House, and some beautiful pieces of plate presented him as memorials of their regard.—Dr. Wiley is about publishing a catalogue of the different instruments invented by himself, accompanied by engravings, to appear in this Journal.—An adjourned meeting of the Boston Medical Association is to be held this afternoon, at which a punctual attendance is requested.—The seventeen cases of measles in the Boston weekly report of deaths, in to-day's Journal, were all children under 4 years of age.—Dr. Ruschenberger has arrived from China, bearer of despatches for government. Dr. E. K. Chamberlin goes as Surgeon with the U. S. Commissioners to run the boundary line between the United States and Mexico.—The cholera still exists in various parts of Europe, but in so mild a form, generally, as not to excite much alarm.—A commission has been ordered to examine the affairs of marine hospitals, in all things relating to their control, and the collection and disbursement of their fund. Hon. Thomas O. Edwards, of Ohio, and Dr. George B. Loring, of the Marine Hospital, Chelsea, have been called to discharge this duty.

TO CORRESPONDENTS.—The Fiske Fund Prize Dissertation for 1848, a review of Louis's work on Fever, case of Oedematous Laryngitis, and one of mania treated by chloroform, have been received. The insertion of some of the longer of these articles must be deferred a week or two.

MARRIED.—At Astoria, L. Island, N. Y., Dr. F. C. Gray, of Virginia, to Miss H. S. Hunter.

DIED.—At Burlington, Vt., Dr. Enos Cobb, 55.—At Bellevue Hospital, N. Y., Dr. Sidney B. Worth, one of the Assistant Physicians of the institution, of typhus fever, 30.—At Brownville, Texas, Dr. Stephen Smith, of cholera. At Brockville, N. Y., Dr. Samuel S. Blodgett, of Ogdensburg, aged 26.

Report of Deaths in Boston—for the week ending March 24th, 91.—Males, 45—females, 49.—Of consumption, 11—measles, 17—convulsions, 4—scarlet fever, 7—lung fever, 4—typhus fever, 2—croup, 1—old age, 2—child-bed, 2—dropsy, 1—dropsy on the brain, 5—infantile, 7—teething, 2—erysipelas, 2—accidental, 2—marasmus, 3—apoplexy, 3—canker, 1—sudden, 1—inflammation of the lungs, 4—inflammation of the bowels, 3—disease of the brain, 1—disease of the hip, 1—disease of the bowels, 1—dysentery, 1—abscess, 1—syphilis, 1—intemperance, 1—influenza, 1—salt rheum, 1—disease of the heart, 1.

Under 5 years, 56—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 8—over 60 years, 5.

Advantage of Tying the Umbilical Cord before delivering the Head after Turning. By J. S. UNZICKER, M.D.—I was sent for by a midwife to see Mrs. A——, aged 34 years, and in labor with her second child, at 6 o'clock in the evening. Pains continued at regular intervals, with presentation of the right arm and face, the liquor amnii having already escaped at 5 o'clock that morning. I concluded at once to turn according to Dr. Wehn's method. Placing the woman, therefore, in the knee and elbow position, the actual labor pains ceased, but after introducing the hand, although the foot was more easily found than in turning after the old method, a great difficulty existed in turning on account of the uterus being firmly contracted around the child, and not a particle of liquor amnii present; but by careful manipulation, I succeeded at last in overcoming this tonic contraction of the uterus, and brought down the foot.

The woman being then placed on her back again, the regular pains returned, and as soon as the umbilicus came within reach, I ordered the midwife to tie the cord; and although the delivery of the head was delayed some time, the child was born alive.

This is the second case I have had within a short time, in which I resorted to the above method with success, and hope that in future hundreds of children may be saved, by this valuable discovery of Dr. Wehn's, which before were sacrificed through partial compression of the cord and consequent venous congestion.—*Western Lancet.*

Indiana Central Medical College.—The Indiana Asbury University has organized a Medical Department, to be located at Indianapolis. The following gentlemen compose the Faculty:

Dr. J. S. Bobbs, General and Special Anatomy; Dr. L. Dunlap, Surgery and Surgical Anatomy; Dr. T. W. Cowgill, Theory and Practice of Medicine; C. M. Downey, A. M., Chemistry and Pharmacy; Dr. J. S. Harrison, Materia Medica, Therapeutics and Medical Jurisprudence; Dr. G. W. Mears, Obstetrics and Diseases of Women and Children; Dr. R. Curran, Pathology and Physiology.

The first course of lectures will commence on the first Monday of November next, and continue four months. The following are the fees: Tickets of each Professor, ten dollars; dissecting and matriculation tickets, five dollars each, and the graduation fee twenty dollars; making in the aggregate one hundred dollars.—*Id.*

Contemplated Reform in Medical Education.—The Secretary for the Home Department in the kingdom of Sardinia has just appointed a committee, composed of Professors Riberi, Berruti, Pasera, Sachero, and of two members of the Medico-Chirurgical Academy, MM. Bertini and Pertusio, whose duty it will be to report upon the improvements which might be introduced in the present mode of teaching medical and surgical science. Dr. Bertini has been chosen president, and Dr. Pertusio secretary to the committee.—*London Lancet.*

New Medical Books in London.—A Dissertation on Scientific Nomenclature, Medical and General; exhibiting the defects, anomalies, errors, and discrepancies of its present condition, with suggestions for its amendment—by R. G. Mayne, M.D. The Best Means of Avoiding Cholera and Fever; the nature and properties of air, &c., by John Kelburn, Surgeon.